

Death Claim Form

Single life plan

where the amount payable is less than €60,000

Please use BLOCK CAPITALS.

Please return this form and other documents to Protection Claims, Irish Life Assurance Plc, Irish Life Centre, Lower Abbey St, Dublin 1.

Instructions

Either the next of kin or executor must fill in Section A

If the deceased left a will, the executor must fill in Section B

If the deceased left no will, the next of kin must fill in Section C

If you have any queries regarding the claims process, please refer to our booklet 'Death claims - a guide to claiming under a life assurance plan'.

A copy is also available on our website www.irishlife.ie

If you have any questions about filling in this form, please contact our Customer Service team on 01 704 1010 or email customerservice@irishlife.ie

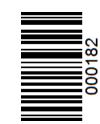
Our lines are open:

8am - 8pm Monday to Thursday

10am - 6pm Friday

9am - 1pm Saturday

In the interest of customer service we will record and monitor calls.



Life covered (Name of the person who has died) Date of death Plan numbers Did the person who has died leave a will? Is probate being extracted? Is there a surviving widow or widower? Are there any children over 18? SECTION B - THE EXECUTOR MUST FILL THIS IN Name of executor(s) appointed in the will Relationship to deceased

Declaration and consent.

I am legally entitled to claim the amount you will pay under the plan shown above. The answers to the questions shown in section A above are correct and I have not withheld any information. If you decide not to wait for letters of probate or administration, I agree to indemnify you against any claims or costs you may suffer as a result of relying on this declaration. I agree that you can contact and obtain any information from any doctor or health professional who may have treated the person who has died or any insurance company or any other person who may hold any relevant information on the person who has died. I agree that doctors and insurance companies can disclose this information for the purposes of processing this claim. I agree that claim details may be used for general statistical purposes.

Signature of executor (as shown in the will)	×	
Name of executor (BLOCK LETTERS)		
Signature of executor (as shown in the will)	×	if applicable
Date	/ /	>PTC

Address			
(Where we should send the cheque)			
Contact details	(Home)	
	(1)	Work)	
			(Mobile)
			(E-mail)
Any additional information in relation to us contacting you on the claim in general			
To process this claim we also need th	e following:		
Dooth Cortificate (cortified conv.)	- 10.10 Willig.		

- Death Certificate (certified copy)
- Will (certified copy)

NOTE: A certified copy is a copy of the original document which has been stamped as a true copy by your solicitor, any bank, financial institution or Garda Station.

SECTION C - THE NEXT OF KIN CLAIMING MUST FILL IN THIS SECTION IF THE PERSON WHO HAS DIED LEFT NO WILL

The answers to questions in Section A are correct and I have not withheld any information. If you decide not to wait for letters of probate or administration, I agree to indemnify you against claims or costs you may suffer as a result of relying on this declaration. You can contact any doctor or health professional who may have treated the person who has died or any insurance company or any other person who may hold relevant information on the person who has died. I agree that doctors and insurance companies can disclose information for the purposes of processing this claim. I agree that claims details may be used for general statistical purposes.

Name of claimant (next of kin who is claiming)	
Relationship to the deceased	
Signature	×
Date	/ /

To process this claim we will also need the following:

- Death Certificate (certified copy)
- A copy of valid photographic and address identification (e.g. passport or driving licence and a utility bill) of the person claiming.

Further instructions:

To allow us to pay the claim without a formal will, the following people should also sign below to authorise payment to the above named claimant.

- If you are the surviving husband or wife all the deceased's children over 18 must sign below.
- If you are the brother or sister of the person who has died all other brothers or sisters must sign below.
- If you are the surviving parents both parents must sign this form.

Name	Signature	Relationship to person who has died
	X	
	X	
	X	
	X	
	X	
	X	
	X	

Address (Where we should send the cheque)						
Contact details		(Home)				
		(Work)	1			
			(Mobile)			
			(E-mail)			
Any additional information in relation to	us contacting you on the cla	im in general				
 To process this claim we also need the following: Death Certificate (certified copy) A copy of valid photographic and address identification (e.g. passport or driving licence and a utility bill) of the person claiming NOTE: A certified copy is a copy of the original document which has been stamped as a true copy by your solicitor, any bank, financial 						
institution or Garda Station.	ie original document which	nas been stamped as a true	copy by your solicitor, any bank, illiancial			
SECTION D						
If you require the cheque to be made pa	yable to your solicitor's client	account, please provide us wit	th the payee details			
Name of executor/claimant						
Signature of executor/claimant	X					
Date	/ /					
We can only fully process claims when w	we receive all documents we	need. By sending you this for	m we are not admitting liability.			
Please use this space to provide any mo would like us to note.	re information that you think	may help us to process this cla	aim faster or to outline any specific instructions you			
Thank you.						

